

County: Rock
 CEDAR CREST HEALTH CENTER
 1702 SOUTH RIVER ROAD
 JANESVILLE 53546 Phone:(608) 756-0344
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 95
 Total Licensed Bed Capacity (12/31/02): 95
 Number of Residents on 12/31/02: 93

Facility ID: 2090

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Ownership: Nonprofit Church
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 92

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		24.7
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		50.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.4	More Than 4 Years		24.7
Day Services	No	Mental Illness (Org./Psy)	25.8	65 - 74	4.3			-----
Respite Care	No	Mental Illness (Other)	15.1	75 - 84	31.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	8.6	95 & Over	12.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.7		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	21.5	65 & Over	94.6	-----		
Transportation	No	Cerebrovascular	7.5		-----	RNs		15.0
Referral Service	No	Diabetes	5.4	Sex	%	LPNs		7.6
Other Services	No	Respiratory	3.2	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	16.1	Aides, & Orderlies		
Mentally Ill	No		-----	Female	83.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	604		47	100.0	120		0	0.0	0	34	97.1	166	0	0.0	0	0	0.0	0	92	98.9
Intermediate	---	---	---		0	0.0	0		0	0.0	0	1	2.9	166	0	0.0	0	0	0.0	0	1	1.1
Limited Care	---	---	---		0	0.0	0		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0.0	0		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0.0	0		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0			47	100.0			0	0.0		35	100.0		0	0.0		0	0.0		93	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally	Total					
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent	Number of Residents					
Private Home/No Home Health	0.0	Bathing		0.0	88.2		11.8	93					
Private Home/With Home Health	0.0	Dressing		0.0	87.1		12.9	93					
Other Nursing Homes	4.1	Transferring		3.2	80.6		16.1	93					
Acute Care Hospitals	77.6	Toilet Use		6.5	78.5		15.1	93					
Psych. Hosp.-MR/DD Facilities	0.0	Eating		4.3	81.7		14.0	93					
Rehabilitation Hospitals	0.0	*****											
Other Locations	18.4	Continence		%	Special Treatments		%						
Total Number of Admissions	49	Indwelling Or External Catheter		4.3	Receiving Respiratory Care			3.2					
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		59.1	Receiving Tracheostomy Care			0.0					
Private Home/No Home Health	4.0	Occ/Freq. Incontinent of Bowel		39.8	Receiving Suctioning			0.0					
Private Home/With Home Health	22.0	Mobility			Receiving Ostomy Care			0.0					
Other Nursing Homes	0.0	Physically Restrained		52.7	Receiving Tube Feeding			2.2					
Acute Care Hospitals	8.0				Receiving Mechanically Altered Diets			35.5					
Psych. Hosp.-MR/DD Facilities	0.0	*****											
Rehabilitation Hospitals	0.0	Skin Care			Other Resident Characteristics								
Other Locations	14.0	With Pressure Sores		8.6	Have Advance Directives			100.0					
Deaths	52.0	With Rashes		1.1	Medications								
Total Number of Discharges					Receiving Psychoactive Drugs			45.2					
(Including Deaths)	50												

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities													

		This Facility	Ownership: Nonprofit		Bed Size: 50-99		Licensure: Skilled		All Facilities				
		%	%	Ratio	%	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds		96.8	87.5	1.11	87.1	1.11	85.3	1.13	85.1	1.14			
Current Residents from In-County		96.8	79.3	1.22	81.5	1.19	81.5	1.19	76.6	1.26			
Admissions from In-County, Still Residing		46.9	21.8	2.16	20.0	2.34	20.4	2.30	20.3	2.31			
Admissions/Average Daily Census		53.3	124.6	0.43	152.3	0.35	146.1	0.36	133.4	0.40			
Discharges/Average Daily Census		54.3	129.0	0.42	153.5	0.35	147.5	0.37	135.3	0.40			
Discharges To Private Residence/Average Daily Census		14.1	50.5	0.28	67.5	0.21	63.3	0.22	56.6	0.25			
Residents Receiving Skilled Care		98.9	94.7	1.04	93.1	1.06	92.4	1.07	86.3	1.15			
Residents Aged 65 and Older		94.6	96.2	0.98	95.1	0.99	92.0	1.03	87.7	1.08			
Title 19 (Medicaid) Funded Residents		50.5	56.7	0.89	58.7	0.86	63.6	0.79	67.5	0.75			
Private Pay Funded Residents		37.6	32.8	1.15	30.0	1.25	24.0	1.57	21.0	1.79			
Developmentally Disabled Residents		0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00			
Mentally Ill Residents		40.9	35.5	1.15	33.0	1.24	36.2	1.13	33.3	1.23			
General Medical Service Residents		0.0	23.8	0.00	23.2	0.00	22.5	0.00	20.5	0.00			
Impaired ADL (Mean)		55.9	50.4	1.11	47.7	1.17	49.3	1.13	49.3	1.13			
Psychological Problems		45.2	54.7	0.82	54.9	0.82	54.7	0.83	54.0	0.84			
Nursing Care Required (Mean)		6.3	6.9	0.91	6.2	1.01	6.7	0.94	7.2	0.88			